

**Department of the Secretary of State
Bureau of Motor Vehicles
29 State House Station
Augusta, ME 04333**

IMPORTANT EYE EXAMINATION INFORMATION

Maine law requires individuals to have their eyes tested:

1. when applying for a license and
2. at certain renewal times.

Please read the enclosed information carefully to learn about your options for receiving an eye examination.

FOR DRIVER'S LICENSE EXAMINATION APPLICANTS

A vision test is required prior to taking your driver's license examination. You may take a vision test **at no fee** when you appear for your driver's examination. Alternatively, you may have a doctor of your choice provide the exam **at your own expense**. The doctor who conducts the examination must complete the reverse side of this form. You will need to give the completed form to the driver's license examiner at the time of your driver's examination.

FOR INDIVIDUALS RENEWING A DRIVER'S LICENSE

Maine law requires certain drivers to pass a vision test before their driver's license can be renewed. The vision testing is conducted based upon age. The first eye exam is required on the first renewal that occurs after you reach the age of 40. An eye exam is then required at your renewal 12 years later. Once you reach the age of 62, an eye test is required at every renewal.

Our records indicate you must take a vision test before your current license renewal can be processed and issued.

Vision testing can be completed at the branch office, mobile unit and license renewal locations **at no cost to you**. This exam will be completed at the time of renewal, and the results will be recorded on your renewal form.

Alternatively, you may have a doctor of your choice provide the eye exam **at your own expense**. The doctor who conducts the exam must complete the reverse side of this form. You will need to bring the completed form with you when you come in to renew your license. The doctor's exam may not be completed more than a year prior to your license renewal date.

EXPLANATION FOR EYE DOCTOR

All applicants who are required to submit to an eye test are given simple vision screenings by certain Bureau of Motor Vehicles personnel. When more accurate measurements are needed; when an improvement in vision would add substantially to safety; when unusual eye defects are apparent, the person is asked to visit an eye doctor. A report from such doctor is particularly valuable if the fitness of a driver is questioned in court or following an accident. In some cases examinations by more than one doctor are required.

You may fill in the form below for the examination which you make; but please leave blank any spaces for items on which you have made no examination. If the case is a peculiar one, any additional comments which you may have would be appreciated. Use a separate sheet if needed, and attach.

Kindly sign this report and for proper identification, will you also have the person examined sign the report in your presence?

No recommendation or suggestions as to which doctor to visit are given by the Driver License Examiners. Only reports from licensed practitioners will be acceptable. The eye doctor assumes no responsibility in making this report other than that of truthfully representing the facts.

Please leave blank spaces for items on which no test is made.

Name of person Examined (Print)		Date of Birth	
Address (Print)			
1. Visual Acuity	Without Glasses	With Present Glasses	With New Lenses
Right Eye	20/	20/	20/
Left Eye	20/	20/	20/
Both Eyes	20/	20/	20/
2. Width of Visual Field:			
To Left of Point of Fixation		To right of Point of Fixation	
Total Degrees = _____		Total Degrees = _____	
(Degrees to Left Plus Degrees to Right Must Equal 140 or Greater for Unrestricted License)			
3. Color Vision		Red Green Blind { }	Normal { }
4. New lenses are being fitted?			
A. Are Telescopic or Low Vision Aid being used?		Yes { }	No { }
B. Date patient to receive new glasses: _____		Yes { }	No { }
5. Is there definite ocular motility that is apt to produce diplopia or other safety hazard? Yes { } No { }			
If "Yes" explain: _____			
6. Because of possible progressive visual defect, applicant should be re-examined in _____			
7. Recommendations: Corrective Lenses { } Daylight Driving Only { } None { }			
		Geographic or Area Restriction { }	
		<i>Name of Examining Doctor:</i>	
I hereby give my consent that this information may be forwarded to the Secretary of State, State of Maine		(Signature)	
		(Please Print)	
		(Address)	
		(Telephone)	
		(Date of Examination)	
(Date Report Completed)			

Signature of person examined: